

Tennessee Agricultural Enhancement Program

Veterinarian Equipment Cost Share Application



Strengthening Today's Farms for the Future of Tennessee!

TAEP is strengthening agriculture in Tennessee by providing cost share funds for long term investments in Tennessee's livestock and farming operations. Cost share opportunities are also available to veterinarians, livestock markets, statewide agriculture producer associations, fairs and farmers markets.

TAEP is a direct result of the State of Tennessee's commitment to supporting its agricultural community.

Cost Share Information

50% up to \$5000 Maximum

Applicants will receive notification of approval or denial in writing.

Application and Reimbursement Schedule

Program	Application Period	Anticipated Approval Announcement	Reimbursement Deadlines
Veterinary Equipment	July 1 - August 1, 2010	Starting August 15, 2010	December 1, 2010

Basic Eligibility Requirements

- Applicant must be an individual Tennessee resident.
- Applicant must register their Premises with the Tennessee Department of Agriculture (TDA).
- Applicant must have a current Tennessee license.
- Applicant must have an active practice located in Tennessee dealing with cattle, goats and/or sheep.
- Equipment purchased must be located in Tennessee.
- Applicant must have the ability and financial capacity to complete the project.

Premises Registration

Premises registration forms and instructions are available from TDA at www.tennessee.gov/agriculture/regulatory/livestock.html or by calling 615-837-5120.

Important – the applicant's name must match either the primary or secondary name listed on premises account.

Application Rules

Application Rules

1. Applications must be postmarked July 1 - August 1, 2010 or hand delivered during the same period.
2. Faxed applications will not be accepted.
3. Applications received prior to July 1, 2010 will be returned.
4. Applicant will be notified in writing of approval or denial. Allow 8 weeks for application processing.

Reimbursement Rules

1. Receipts/payments dated prior to July 1, 2010 are not eligible.
2. Cash receipts or receipts for in-kind services are not eligible.
3. Only items listed as eligible will be considered for cost share assistance.
4. Used equipment or used materials are not eligible for cost share reimbursement.
5. Labor provided by applicant or their employees is not eligible for cost share reimbursement.
6. Applicant cannot be reimbursed for purchases from a business where applicant participates in ownership (producer cooperatives excluded).
7. Applicants cannot combine projects with other applicants.
8. Proof of payment is required in the form of canceled check copies (bank provided copies are acceptable), cashier's check, money order or credit receipt.
9. Reimbursement documentation must be postmarked or hand delivered by the reimbursement deadline. Allow 10 weeks for processing. Additional processing time is required for incomplete reimbursement requests and requests submitted within one month of the program deadline.
10. Minimum cost share reimbursement request is \$250 per program.
11. Failure to complete projects and utilize allocated funds can affect eligibility for future program participation.
12. Falsifying applications, invoices or other documents submitted to TDA may make producer and farm ineligible to participate in present and/or future TDA programs, and may result in civil litigation or criminal prosecution.

Verification Rules

1. Applicant must utilize equipment and structures purchased with cost share funds for the intended purpose of the program for a minimum of three continuous years from date of purchase.
2. Site visits relating to the performance of the activity before, during and after completion may take place.
3. Applicants may be required to repay funds if they fail to comply with all aspects of the cost share guidelines.

TAEP Reserves the Right to:

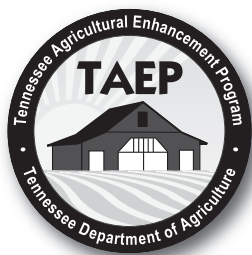
- Reject any or all requests.
- Modify program criteria, approval and payment processes.
- Provide partial funding for specific activity components that may be less than the full amount requested.
- Require additional information from the applicant.
- Deny payments for projects that do not meet requirements.

TAEP Contact Information

Dr. Charles Hatcher, State Veterinarian
(615) 837-5183

Ryan Betzelberger
TAEP Livestock Improvement Coordinator
(615) 837-5382

TAEP - Veterinarian Cost Share
Tennessee Department of Agriculture
Ellington Agricultural Center
P.O. Box 40627
Nashville, TN 37204



Information Line
1.800.342.8206



www.TN.gov/agriculture/enhancement

2010 Tennessee Agricultural Enhancement Program

Veterinarian Handling Equipment
(Cattle, Goats, Sheep)

Application period July 1 - August 1

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mail completed form to:
TN Department of Agriculture
Attn: TAEP – Veterinarian Cost Share
P.O. Box 40627
Nashville, TN 37204

No Faxes Accepted

Date Received:

Applicant Information Please Type or Print Clearly

Name of Veterinary Clinic:			Date:		
Last Name:	First:	Middle:	Clinic Tax ID Number:		
Secondary Contact at Clinic:					
Residential Mailing Address:	City:	State:	Zip Code:		
Clinic Mailing Address:	City:	State:	Zip Code:		
Clinic Physical Address:	City:	State:	Zip Code:	County:	
TN License #:	Premises ID #:	Premises Acct #:			
Clinic Phone #:	Secondary Phone #:	Email:			

Practice Information

What percentage of your practice pertains to cattle?	%
Of cattle serviced, what percentage is beef?	%
Of cattle serviced, what percentage is dairy?	%
Do you offer ambulatory cattle services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer haul-in cattle services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your practice pertains to goats and/or sheep	%
Annual BSE's performed?	# bulls _____ For # producers _____
Annual pregnancy exams?	# females _____ For # producers _____

Equipment Information

Complete the table on page 4. You may check multiple blocks. Only items listed are eligible.	
Cost Share Request (50% - \$5000 Max.)	\$

Mobile Clinic Equipment			
Check the equipment applying for			
<input type="checkbox"/>	Mobile veterinary unit inserts	<input type="checkbox"/>	Mobile veterinary full body units
Handling Equipment			
Check the equipment applying for			
<input type="checkbox"/>	Commercial head gate	<input type="checkbox"/>	Cattle BSE Equipment limited to the following items:
<input type="checkbox"/>	Squeeze chute*	<input type="checkbox"/>	Electroejaculator and leads
<input type="checkbox"/>	Palpation cage	<input type="checkbox"/>	Semen collection device and holder
<input type="checkbox"/>	Curved or offset working chute	<input type="checkbox"/>	Insulated jacket for cold weather
<input type="checkbox"/>	Holding chute/alleyway	<input type="checkbox"/>	Microscope
<input type="checkbox"/>	Loading chute and/or system	<input type="checkbox"/>	Warming stage for cold weather
<input type="checkbox"/>	Crowding tub and/or system	<input type="checkbox"/>	Semen stains and fixatives.
<input type="checkbox"/>	Holding pen and/or hospital pen	<input type="checkbox"/>	
<input type="checkbox"/>	Animal scales*	<input type="checkbox"/>	Electronic Health Certificate Service 100% cost share (\$400 maximum) this service only
<input type="checkbox"/>	Hoof trimming table or chute	<input type="checkbox"/>	
<input type="checkbox"/>	Semen tank	<input type="checkbox"/>	
<input type="checkbox"/>	Radio frequency readers must be capable of reading animal identification approved by U.S. Department of Agriculture	<input type="checkbox"/>	
<input type="checkbox"/>	Computer & software for reading scanners must provide recording and transmittal of animal identification	<input type="checkbox"/>	
NOT ELIGIBLE			
USED EQUIPMENT	Equipment Foundation concrete eligible for items marked with * only labor is not included	CASH RECEIPTS	

<input type="checkbox"/> I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. <input type="checkbox"/> I understand that providing any false, fraudulent, or misleading information may result in penalties and/or eligibility to participate in present and/or future Tennessee Department of Agriculture programs. <input type="checkbox"/> I also understand that failure to utilize allocated funds can affect eligibility for future programs. <input type="checkbox"/> I have reviewed and understand all of the guidelines in this application.		
Veterinarian Signature	Date	
Applicant will be notified of approval in writing upon review of application. Questions concerning this program may be directed to Dr. Charles Hatcher (615) 837-5183 or the Livestock Improvement Coordinator (615) 837-5382. Tennessee Department of Agriculture, P.O. Box 40627, Nashville TN 37204; Fax 615-837-5194		
Office Use Only		
Approval Signature:	Date of Approval:	Application #:
Allotment Code:	Cost Center:	Total Amount Approved:
Comments:		

